PART B - FEE(S) TRANSMITTAL

FIRST NAMED INVENTOR

Koii SUGIURA

PUBLICATION

FEE

\$300.00

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

07/22/2005

TITLE OF INVENTION: VITREOUS ANTIMICROBIAL AGENT AND ANTIMICROBIAL PRODUCT

ISSUE FEE

\$1510.00

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, Japan

WASHINGTON OFFICE
23373
CUSTOMER NUMBER

APPLICATION NO

10/543 100

APPLN. TYPE

nonprovisional

(A) NAME OF ASSIGNEE

4a. The following fee(s) are submitted:

☐ Advance Order - # of Copies

☑ Publication Fee (No small entity discount permitted)

Change in Entity Status (from status indicated above)
 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

TOAGOSEI CO., LTD.

☑ Issue Fee

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON. DC 20037

SMALL

ENTITY

NO

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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1 hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

TOTAL FEE(S)

DUE

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☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

□ b. Applicant is no longer claiming SMALL ENTITY status, See 37 CFR 1,27(g)(2).

PREV. PAID ISSUE FEE

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CONFIRMATION NO

4084

DATE DUE

03/03/2009

EXAMINER	ART UNIT		CLASS-SUBCLASS			
Nathan W. SCHLIENTZ	1616		424-405000			
Change of correspondence address or indication of "Fee Address"	*(37 CFR 1 363	2 For i	printing on the patent from	t nage list	1	Sughrue Mion, PLLC
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(I) the names of up to 3 registered patent attorneys or agents OR, alternatively,		2	Sugmue Mon 1220
□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB47; Rev 03-4/2 or more recent) ATTACHED. Use of a Customer Number is required.		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		3		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTE					_	
PLEASE NOTE: Unless an assignee is identified below, no assign				identified below	, the	document has been filed for

Please check the appropriate assignee category or categories (will not be printed on the patent): 🗆 Individual 🗹 Corporation or other private group entity 🗆 Government

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Authorized Signature / Bruce E. Kramer/ Date February 27, 2099

Typed or Printed Name Bruce E. Kramer Registration No. 33,725

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Modified PTOL-85 (Rev. 08/08 Approved for use through 08/31/2010.